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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 11 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L69558

1. Corporation Name

DEVEREUX DEVELOPMENTS, INC.

2. Principal Office Address

1020 N. VICTORIA Park Rd

3. Mailing Office Address

1118 OLD CONNECTICUT PATH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. LAUDERDALE FL.

City & State

FRAMINGHAM MASS.

Zip

33304

Country

USA

Zip

01701

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

04/30/1990

5. FEI Number

65-0197222

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ZAFER KILICARSLAN

000004734060--9

Street Address (P.O. Box Number is Not Acceptable)

1020 N. VICTORIA PARK ROAD

-12/20/01--01024-017

****773.75 **** 73.75

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

01701

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Zafar Kilicarslan

REGISTERED AGENT MUST SIGN

Date 11-6-2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIP	Zafar Kilicarslan	1118 OLD CONNECTICUT PATH	Framingham MA 01701

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Zafar Kilicarslan Zafar Kilicarslan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-2001

Date

954-525-1146

508-877-9704

Daytime Phone #

CR2001 (9/00)

11-06-2001
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To Florida Department of State
Division of Corporation

Presently we are in the process of Refinancing
and found out that our corporation was dissolved
and we need to reinstate it. URGENTLY.

I did not correspondance or Bills from the
Division of Corporation and I was suprised to
find out about administrative dissolve.

Please find attached ~~check~~ for \$773.75
for Reinstatement Fee \$1765.00 and \$18.75 for
Certificate of Status.

Zafeer Kiliarslan
President / D
Devereux Developments, INC.